



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Project Management Bureau – Deliverable Acceptance Request Template

Client Name (Program Name):			
Project Name:			
Project Phase:			
Project Manager:			
Deliverable Name:			
Delivery Date:			
Expected Date of Response:			
Sign-off Reviewed By			
Name:	Title:	Signature:	Date:
Name:	Title:	Signature:	Date:
Name:	Title:	Signature:	Date:
Name:	Title:	Signature:	Date:
Narrative Findings:			
Acceptor Disposition:	Approved:	Returned	
Acceptor Name:		Acceptor Title:	
Acceptor Signature:		Date:	
Acceptor Comments/Direction:			